



CREDENTIAL AND ACCESS REQUEST FOR MEDIA

State Form 55410 (9-13)

DEPARTMENT OF ADMINISTRATION ACCESS CONTROL OFFICE 402 West Washington Street, Room W036 Indianapolis, IN 46204 Telephone: (317) 234-3875

- INSTRUCTIONS:**
1. Photo identification (i.e. driver's license) is required to receive an access card.
 2. Information identified with an asterisk (*) is required. Any individual that does not provide the correct information required will be denied an access card.

APPLICANT INFORMATION			
Date (month, day, year) *	Identification number of the applicant * (Driver's license number)	Name of applicant (last, first, middle initial) *	Position *
Name of media outlet *	Address (number and street, city, state, and ZIP code) *		E-mail address *
Name of supervisor *	Telephone number of supervisor * ()		E-mail address of supervisor *

REQUEST	
<input type="checkbox"/> New card <input type="checkbox"/> Lost / stolen card <input type="checkbox"/> Access change <input type="checkbox"/> Replacement card (name change or damaged card) <input type="checkbox"/> Card renewal	Card expires on August 01 of each year.
Reason for request	

APPLICANT RESPONSIBILITIES		
I understand that I am personally responsible for the card issued to me, and I will take reasonable steps to prevent its misuse, loss, theft and / or damage. The card is for my use only and can not be given to others. If the card is stolen, lost or damaged, I will be charged for another card at the current replacement cost. I will immediately notify the State of Indiana, Department of Administration, Access Control Office at (317) 234-3875, when I discover that the card is missing, damaged, or when any of the above information changes.		
Signature of applicant (Signature is required when cardholder receives badge.)	Telephone number of applicant * ()	Date of signature (month, day, year) *

FOR OFFICE USE ONLY	
Building <input type="checkbox"/> Statehouse <input type="checkbox"/> Indiana Government Center South <input type="checkbox"/> Indiana Government Center North <input type="checkbox"/> Rotunda	
Should parking access be allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of access <input type="checkbox"/> Monday - Friday 6:00 AM to 6:00 PM <input type="checkbox"/> 24 hours / 7 days a week

ACCESS CONTROL OFFICE USE ONLY		
Photo identification checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of photo identification used: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Other (specify) _____	
Number of identification card	Date of action (month, day, year)	Completed by